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SUBJECT: SUMMARY OF RESPONSES TO CABLE ON INDOOR AIR POLLUTION AND FOLLOW-ON ACTIONS

REF: 2006 STATE 192623

¶1. This is an action request. See Paragraph 3.

SUMMARY

¶2. SUMMARY: Reftel asked posts in countries where greater than 20 percent of the population uses biomass and coal to meet basic energy needs to assess host countries' commitment to addressing the health concerns posed by indoor air pollution (IAP) and to identify opportunities for strengthening U.S. diplomatic outreach on the issue. This cable provides a synopsis of the responses, identifies priority countries for outreach, and asks posts to encourage these countries to join the Partnership for Clean Indoor Air (PCIA), one of the public-private partnerships launched by the United States at the 2002 World Summit on Sustainable Development and registered with the UN Commission for Sustainable Development. For more information on PCIA please visit www.pciaonline.org. END SUMMARY.

¶3. ACTION REQUEST: Department asks Posts to share information about PCIA with relevant host government ministries and agencies (e.g. health, environment, energy, women and children, economic development) and to encourage them to join the Partnership. Posts may use the general comments in Paragraphs 12-16 and also country-specific comments in Paragraph 17 in developing talking points for their respective host governments. Department would appreciate

Posts, consideration of hosting roundtable meetings for relevant civil society organizations and government ministries to encourage awareness about IAP, to introduce them to PCIA, and to encourage membership in it. Organizations can register to become a partner on the PCIA website. Department appreciates Posts, assistance and support for U.S. efforts to mitigate indoor air pollution and improve global health. Please contact OES/IHB's Lindsey Hillesheim (HillesheimLN@state.gov or 202-647-6922) or Dano Wilusz (WiluszDC@state.gov or 202-647-6817) with Mission's response and for any necessary additional background information.

Department requests a response by November 30, 2007.

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SYNOPSIS OF RESPONSES TO REFTEL

¶5. Reftel asked posts in countries where greater than 20 percent of the population uses biomass and coal to meet basic energy needs to assess host countries' commitment to addressing the health concerns posed by indoor air pollution (IAP) and to identify opportunities for strengthening U.S. diplomatic outreach on the issue. As of June 2007 Department had received responses from posts in 21 countries. These 21 countries represent approximately 50% of the estimated 3 billion people who burn solid fuel for cooking and heating. While the content and depth of individual responses varied significantly, we were able to make conclusions in four areas: host government commitment; ministry responsibility; public and non-governmental activities related to IAP; and host government interest in the Partnership for Clean Indoor Air (PCIA), one of the public-private partnerships launched by the U.S. at the World Summit on Sustainable Development and registered with the UN Commission for Sustainable Development. Since 2003, PCIA partner organizations have succeeded in influencing 1.31 million households to adopt clean and efficient cooking and/or heating practices; resulting in 11 million with reduced exposure to harmful indoor air pollution. The U.S. Environmental Protection Agency (EPA) coordinates PCIA and leads USG efforts within it.

¶6. GOVERNMENT COMMITMENT: Host government commitment to reducing indoor air pollution and the negative health effects associated with it varied considerably. Approximately half of the response cables could not identify any government action plan, besides further study, to address indoor air pollution. Approximately one-quarter of the cables noted that host government officials in relevant ministries did not think IAP was a major problem in their country.

¶7. MINISTRY RESPONSIBILITY: Government ministries responsible for indoor air pollution varied significantly from country; three-quarters of responding posts reported that they were referred to the Ministry of Environment and one-quarter to the Ministry of Health. Approximately three-quarters reported that they were referred to multiple agencies. It seems likely that ambiguous ministerial responsibility contributes to government inaction on indoor air pollution in some cases.

¶8. INDOOR AIR POLLUTION INTERVENTIONS: Posts highlighted many important public and private country-level efforts aimed at reducing indoor air pollution from solid fuel use. Approximately half of the responses indicated that private or government projects to distribute improved cooking stoves had taken place in the host country. Approximately half also indicated that host countries have had private or government projects to encourage cleaner alternative fuels. However, it is important to note that the vast majority of intervention projects were carried out by private organizations and not by the host governments. Almost no responses reported private or government projects to educate people about the significant and negative health impacts due to IAP.

ENCOURAGING GOVERNMENTS TO JOIN PCIA

¶10. One quarter of respondents indicated that host governments are interested in learning more about PCIA. Increased government participation in PCIA has the potential to raise awareness about environmental health issues and to increase international action dedicated to reducing the health effects of indoor air pollution related to solid fuel use. The USG provides a substantial portion of the funding and human resources required to maintain the PCIA, and the Partnership's capacity to address the negative health and environmental consequences of solid fuel use for household energy will grow with its membership base. In addition to receiving notices for grants and Requests for Proposals (RFPs), PCIA members also receive information about free

in-depth technical training in community outreach and education, stove development and performance, market development, and exposure monitoring. Another benefit of PCIA membership is direct exchange, both regionally and globally, between users/cooks, researchers, entrepreneurs, project implementers, programs directors, and policy makers.

¶111. The Department and PCIA coordinators from EPA's Office of Air and Radiation have used the responses to identify relevant government ministries to be encouraged to join PCIA, as well as those governments that are already PCIA members who we would like to deepen their involvement in the partnership. Criteria for selecting these governments include: (1) high burden of disease from indoor air pollution, (2) capacity to join and benefit from membership, (3) willingness to partner with the PCIA, and (4) involvement of international donors in national indoor air pollution programs within that country.

GENERAL BACKGROUND ON INDOOR AIR POLLUTION

¶112. **HEALTH EFFECTS:** Indoor air pollution is caused by cooking and heating with wood, dung, coal and other solid fuels on open fires or simple stoves. IAP is a daily reality for more than half of the world's population and kills over 1.6 million people each year, making IAP the second biggest environmental contributor to ill health behind unsafe water and sanitation. The majority of those deaths occur in sub-Saharan Africa and Southeast Asia, where 396,000 people and 483,000 are estimated to die from exposure to IAP each year, respectively. Worldwide, 1.2 million of the 1.6 million annual deaths due to IAP occur in just eleven countries: Afghanistan, Angola, Bangladesh, Burkina Faso, China, the Democratic Republic of Congo, Ethiopia, India, Nigeria, Pakistan and the United Republic of Tanzania. The smoke produced by solid fuel combustion in fires or stoves contains health-damaging pollutants including carbon monoxide, human carcinogens, and fine particles that penetrate deep into the lungs. These pollutants cause inflammation of the airways and lungs, impair the immune system, and reduce the oxygen-carrying capacity of the blood. The result is a significantly increased susceptibility to pneumonia in children and chronic respiratory disease among adults. Globally, pneumonia and other respiratory infections are the single greatest cause of death in children under five. Women exposed to indoor smoke are three times as likely to suffer from chronic obstructive pulmonary disease (COPD) than women who cook and heat with electricity, gas or other cleaner fuels. Because of gender norms in many societies women are in charge of cooking and, depending on the local cuisine, spend between three and seven hours per day near the stove. Young children are often carried on their mother's backs or kept close to the hearth. Thus, indoor air pollution disproportionately affects women and children, and in 2002, is estimated to have resulted in 500,000 deaths among women and 800,000 deaths among children under five years of age.

¶113. **ENVIRONMENTAL EFFECTS:** Demand for the fuel that produces IAP causes severe land degradation and desertification in many of the world's poorest countries. For example, according to the Food and Agricultural Organization (FAO), many countries in sub-Saharan Africa have lost three quarters or more of their forest cover to deforestation. Such resource depletion threatens food security, which, in turn, can upset national and regional political stability.

¶114. **GENDER INEQUALITY:** In many countries women's domestic responsibilities make them disproportionately exposed to IAP. Many women must spend several hours per day collecting fuel for cooking and heating; a recent study found that women in Nigeria and Ethiopia spend on average more than two hours per day collecting fuel. Alleviating this time burden would free women's time for childcare, education, and income-generating activities. Women also bear the brunt of IAP-induced disease. For example WHO reports that each year IAP kills fewer than 200,000 men but over 500,000 women. The fight against gender inequality is one key element of the 2002 Millennium

Declaration signed by the USG and 188 other nations.

¶15. ECONOMIC CONSIDERATIONS: A recent WHO report, "Fuel for Life", estimates that making improved stoves available to half of those still burning biomass fuels and coal on traditional stoves would save USD 34 billion in fuel expenditure every year, and generate an economic return of USD 105 billion every year over a 10 year period. The report also suggests that halving the number of people worldwide cooking with solid fuels by 2015 would cost a total of USD 13 billion per year but would provide an economic benefit of USD 91 billion per year. The majority of these costs are borne at the household level since donor investments are used to design appropriate technologies, set up local businesses, and put micro-credit systems in place. However, the majority of the benefits also occur at the household level. Addressing household energy needs through the introduction of improved cook stoves not only reduces rates of illness and death but also means that household members spend less time recuperating from illness, caring for sick family members, collecting fuel, and cooking. With more time available, children may be in a better position to take advantage of educational opportunities, while their mothers could engage in childcare, agriculture or other income-generating activities as a way to break the cycle of poverty.

GENERAL BACKGROUND ON PCIA

¶16. The Partnership for Clean Indoor Air, an Administration initiative launched at the World Summit on Sustainable Development in Johannesburg in September 2002, addresses the environmental health risk faced by three billion people who burn traditional biomass fuels indoors for cooking and heating. This voluntary Partnership brings together governments, public and private organizations, multilateral institutions, industry, and others to increase the use of affordable, reliable, clean, efficient, and safe home cooking and heating practices. The mission of the Partnership for Clean Indoor Air is to improve health, livelihood and quality of life by reducing exposure to air pollution, primarily among women and children, from household energy use. More information on PCIA can be found at: <http://www.pciaonline.org>

COUNTRY SPECIFIC COMMENTS

¶17. The following country-specific information responds to points raised in the individual country response cables or provides country-specific information that could be useful in raising awareness with host governments on the health, environmental, economic and gender-based consequences of IAP and recruiting host governments to join PCIA.

** COUNTRIES NOT CURRENTLY PCIA MEMBERS **

¶A. Cambodia (PHNOM PENH 234): Representatives from the USEPA who work on PCIA recently visited a highly successful commercial stove program supported by the Cambodian Ministry of Industry, Mines and Energy. WHO estimates that Cambodia's national burden of disease attributable to solid fuel use is 1.0%, and accounts for 1000 deaths per year among children under five years of age. Greater than 95% of Cambodians use solid fuels.

¶B. Mongolia (ULAANBAATAR 51): PCIA could assist GOM specifically in addressing problems related to coal and biomass fuel burning in stoves used in houses and ger. WHO estimates that Mongolia's national burden of disease attributable to solid fuel use is 1.6%, and accounts for 200 deaths per year among children under five years of age. 62% of Mongolia's population uses solid fuels.

¶C. Philippines (MANILA 345): GOP has indicated that they do not believe IAP is a significant problem in their country. However, WHO estimates that the Philippine's national burden of disease attributable to solid fuel use is 1.6%, and accounts for 6000 deaths per year among children under five years of age. 45% of the Philippines's population uses solid fuels.

D. Vietnam (HANOI 498): As mentioned in STATE 97377, USEPA conducted a PCIA regional monitoring workshop in Vietnam in August. Department appreciates Post's participation in the workshop and requests follow-up with GVN to encourage formal membership in the Partnership. GVN appears to see indoor air pollution as simply a contributor to outdoor air pollution and does not fully recognize the significant health risks for women and children who inhale smoke from fires for cooking and heating. WHO estimates that Vietnam's national burden of disease attributable to solid fuel use is 1.2%, and accounts for 11,000 deaths per year, of which 3000 are children under five years of age. 70% of Vietnamese use solid fuels.

18. FURTHER RESOURCES:

USG's Sustainable Development Partnerships website

<http://www.sdp.gov>

WHO General information on IAP

<http://www.who.int/indoorair/en/>

Fuel for Life report

<http://www.who.int/indoorair/publications/fuelforlife/en/index.html>

WHO National burden of disease estimates for IAP

<http://www.who.int/indoorair/publications/nationalburden/en/index.html>

Partnership for Clean Indoor Air resources

<http://www.pciaonline.org/resources.cfm>

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